

ARTICLE 1. REQUIREMENT; INSPECTION

3-901. Definitions

The following words and phrases, as used in this subchapter, shall have the following meanings unless otherwise provided:

(1) "Hospital" means a place devoted primarily to the maintenance and operation of diagnostic and therapeutic facilities for inpatient medical or surgical care of individuals suffering from illness, disease, or injury or deformity, and for obstetrics. All hospitals shall provide adequate and separate facilities and equipment for the performance of surgery and/or obstetrics, and for diagnostic X-ray service.

(A) "General hospital" is a hospital of which not more than 50 percent of the total patient days during the year are customarily assignable to the following categories of cases: chronic, convalescent and rest, drug and alcoholic, epileptic, mentally deficient, mental, nervous and mental, and tuberculosis.

(B) "Mental hospital", or "mental unit of a general hospital", in a hospital for the diagnosis and treatment of nervous and mental illness, but excluding institutions for the feeble-minded and epileptics.

(C) "Tuberculosis hospital", or "tuberculosis unit of a general hospital", is a hospital for the diagnosis and treatment of tuberculosis.

(D) "Chronic disease hospital", or "chronic disease unit of a general hospital", is a hospital, the primary purpose of which is medical treatment of chronic illness, including the degenerative diseases, and which provides diagnostic services, physiotherapy, surgery and hospital treatment and care. It excludes tuberculosis and mental hospitals, nursing homes, convalescent and rest homes, and institutions the primary purpose of which is domiciliary care.

(E) "Maternity hospital" means a hospital which receives maternity patients exclusively, for care during pregnancy, during delivery, or within 10 days after delivery.

(F) "Nonprofit hospital" means any hospital owned and operated by a corporation or association, no part of the net earnings of which is applied, or may lawfully be applied, to the benefit of any private shareholder or individual.

(G) "Proprietary hospital" means any hospital operated for individual gain or reward.

(2) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof.

(3) "Governmental unit" means a state, or political subdivision thereof, or any department, division, board, or other agency of any of the foregoing.

- (4) "Licensing agency" means the state board of health.
- (5) "Department" means the Vermont state department of health.
- (6) "Department of health regulations governing public buildings" means the rules and regulations relating to public buildings (sanitation, plumbing, heating, ventilating), as amended, established by the division of sanitary engineering, department of health, set out as subchapter 3 of chapter 5, Part 5, of these regulations, section 5-651 et seq.
- (7) "Department of health regulations applying to public eating and drinking places" means the public health rules and regulations for hotels, restaurants, tourist houses, cabin camps, vacation camps and roadside stands, as amended, established by the division of sanitary engineering, department of health, set out as subchapter 2 of chapter 5, Part 5, of these regulations, section 5-521 et seq.
- (8) "Public Law 725" means the Hospital Survey and Construction Act of the 79th Congress approved August 13, 1946, as amended.
- (9) "The Surgeon General" means the Surgeon General of the Public Health Service of the United States.
- (10) "Appendix A" refers to U. S. Public Health Service, appendix A, general standards of construction and equipment as amended.

## ARTICLE 2. GENERAL PROVISIONS

### 3-911. Requirements of licensure

(a) After January 1, 1954, no person or governmental unit shall establish, conduct or maintain a hospital in this state without first obtaining a license in the manner hereinafter provided.

(b) The provisions of this section do not apply to any of the following institutions:

(1) Nursing and convalescent homes, boarding homes, homes for the aged, nurseries, institutions used primarily for domiciliary care.

(2) Any hospital conducted, maintained or operated by the United States Government, the state of Vermont, or a duly authorized agency thereof.

### 3-912. Inspection

The hospital grounds and buildings shall be subject to inspection by representatives of the licensing agency and other legalized authorities at all times.

### 3-913. Application; fee; term; renewal fee

(a) Application for license to establish or maintain a hospital shall be made in writing upon forms secured from the state department of health, division of hospital services, Burlington, Vermont.

(b) Each application for license shall be accompanied by a license fee of \$10. Checks should be made out to the Treasurer, State of Vermont.

(c) Licenses shall expire on December 31 of each year. Annual applications for renewal shall be submitted on forms provided by the department and shall be accompanied by the \$10 annual license fee.

3-914. Posting

Licenses shall be posted in a conspicuous place on the licensed premises.

3-915. Transferability

A license is not transferable or assignable and shall be issued only for the premises and persons named in the application.

3-916. General provisions

(a) All hospitals receiving federal aid in their construction and equipment costs shall comply with Public Law 725 and the regulations and construction standards as outlined in part 10, title 42, chapter 1 of the U.S. Public Health Service, Federal Security agency regulations and appendix A of same as amended.

(b) Hospitals owned and operated by the state of Vermont, which receive federal funds under Public Law 725, shall comply with this requirement, the provisions of 18 V.S.A. Section 1902 (1) (H) (ii) notwithstanding.

3-917. Remodelling or expansion

Remodelling or expansion of any hospital subject to the provisions of this subchapter shall be approved by the licensing agency prior to starting of such remodelling or expansion, whether or not federal aid is to be requested for the additional projects.

3-918. New construction or additions

After May 20, 1953, all new hospital construction, including new additions to existing hospitals, shall comply with standards of the state fire marshal and state board of health, whether or not federal aid under Public Law 725 is received for such construction.

3-919. Plans and specifications; approval by department

(a) Plans and specifications (or descriptions) for all new work, alterations or repairs which might affect the health and welfare of patients and personnel, including plans for plumbing, heating, lighting and ventilation, shall be submitted to the department of health for approval prior to starting construction.

(b) A complete set of working drawings and specifications (or descriptions) upon which bids are to be obtained shall be filed with and retained by the licensing agency.

(c) The department shall be notified of, review, and approve major changes in the original plans or specifications prior to making such changes.

3-920. Sanitation

The hospital structure and its component parts and facilities shall be kept clean and sanitary and in good repair and maintained with consideration for the safety and comfort of patients and personnel.

3-921. Compliance with laws

The hospital shall comply with the laws of this state and the ordinances of the city, borough or township in which it is located, relating to sanitation, equipment, fire protection, safety devices, building regulations and maintenance.

3-922. Compliance with rules of state fire marshal

All hospitals shall comply with rules, regulations or orders of the state fire marshal relating to fire prevention and for protection of life and property against fire and panic.

3-923. Descriptive terminology determined by department

All adjectives and adverbs, such as adequate, approved, attractively, sufficiently, clean, good, qualified, reasonable, reliable, sanitary, satisfactory, suitable, or well, etc., as used in these rules and regulations to qualify a person, procedure, equipment or building, shall be determined by the department.

ARTICLE 3. SERVICES AND FACILITIES

3-941. Administration -- Accounting

Accounting records of all operating procedures shall be kept on a monthly basis and complete operating and financial statements shall be compiled at least once annually and then kept on file for 20 years.

3-942. --Annual report

(a) The licensee shall file an annual report containing such information as the licensing agency may reasonably require, including but not necessarily limited to the following:

- Total number of admissions during year.
- Total number of discharges during year.
- Total number of deaths during year.
- Bed capacity.
- Average length of stay.
- Number of major operations.
- Number of minor operations.
- Number of out-patient visits.
- Number of autopsies.
- Maternity statistics.
- Report of any changes in structure and/or services within past year.
- Report of any contemplated changes in the next year.

(b) Provide the agency with a copy of the hospital's published annual report.

3-943. Nursing service -- Patients' accommodations

\* (a) The normal bed capacity of a hospital will be determined by application of the following criteria to normal patient areas. Except for brief periods in case of emergency, patients' beds shall not be permitted in corridors, sun porches or other areas not considered suitable for occupancy by patients.

(b) Minimum bed space requirements for adult and pediatric patient areas:

(1) Existing patient areas constructed without aid of federal funds under Public Law 725: 70 sq. ft. per bed in single and multi-bed rooms.

(2) Existing patient areas constructed with aid of federal funds under Public Law 725: 100 sq. ft. per bed in private rooms; 80 sq. ft. per bed in multi-bed rooms.

(3) All new patient areas constructed after January 1, 1954: 100 sq. ft. per bed in private rooms, 80 sq. ft. per bed in multi-bed rooms.

(c) It is recommended that no room contain more than four beds. A larger number may be permitted, however, as long as the bed space requirements in subsection (b) above are observed.

(d) There shall be a space of at least three feet between beds.

(e) Each patient's room shall be an outside room with a satisfactory amount of natural and artificial light.

(f) Privacy shall be insured in wards and semi-private rooms by adequate screening facilities.\*

(g) Each patient shall be provided with a satisfactory bed, mattress, pillows, night stand,\* comfortable chair\* and bedside light.\* After discharge of any patient, the bed, bed furnishings, bedside furniture, and equipment shall be thoroughly cleaned.

(h) A sufficient supply of clean bed linen, washable blankets, washcloths, and towels shall be provided each patient. Such linen shall not be interchangeable from one patient to another before being properly cleaned or laundered. Provision shall be made for suitable cleaning of woolen blankets.

(i) There shall be sufficient bedside equipment for adequate nursing care, such as wash basins, mouthwash cups, bedpans, thermometers, etc. Such equipment shall be sterilized after each use unless assigned for the exclusive use of each patient.

(j) Adequate storage space for clothing, toilet articles and other personal belongings shall be furnished for each patient.

(k) Provision shall be made for the immediate removal of a body from a multi-bed room or ward in the event of death.

(l) A bedside system for signalling attendants shall be provided.\* Hand bells are not acceptable for use in hospitals.

\* Not applicable to mental hospitals.

005

13140019

3-944. --Medical and nursing care

(a) Every hospital subject to licensure under this chapter, except proprietary hospitals, shall have an organized staff of physicians which shall meet as often annually as recommended by the Joint Commission on Accreditation of Hospitals.

(b) All persons admitted to a hospital shall be under the care of a licensed practicing physician as defined by Vermont statute.

(c) The nursing service of the hospital shall be directed at all times by a registered nurse.

(d) No medication or medical treatment shall be given except on the written order of a practicing physician.

(e) Each patient, daily, shall be given such personal attention and care, including personal hygiene, as is ordered or indicated.

3-945. --Employees

(a) All employees shall have physical examinations by a licensed physician before employment and shall at all times while on duty be free from contagious or infectious disease.

(b) All food handlers shall have semi-annual physical examinations including X-ray and serological tests (including typhoid).

(c) Records of such examinations shall be kept on file at the hospital available for inspection by licensing authorities.

(d) There shall be sufficient qualified nursing personnel to provide adequate care for patients, and other such personnel as is needed to maintain satisfactory supplementary services. Provision shall be made for maintaining services during vacation or other relief periods.

3-946 --Records

(a) Complete and accurate records of each patient shall be kept from the time of admission to the time of discharge. The records shall be filed in a manner approved by the department for not less than 10 years following the patient's discharge. Such records shall include the following: Identification data; complaint; personal and family history; history of present illness; physical examination; special examinations, such as consultations, clinical laboratory, X-ray and other examinations; provisional or working diagnosis; medical or surgical treatment; gross and microscopical pathological findings; progress notes; final diagnosis; condition on discharge; follow up; and autopsy findings.

(b) Medical records shall be permanent, either typewritten or legibly written with pen and ink, and signed by the attending physician.

3-947. --Sterilizing

(a) Sterilizers and autoclaves shall be provided of the required types and necessary capacity to adequately sterilize instruments, utensils, dressings, water, operating room material such as gloves, sutures, etc., and as required for laboratories. The sterilizers shall be recognized hospital types with approved controls and safety features.

(b) Bed pans, urinals, wash basins, mouthwash cups, drinking glasses, and any other containers for individual use shall be sterilized on the patient's discharge from the hospital.

(c) The hospitals shall arrange adequate procedures for checking sterilization.

(d) Sterile equipment and supplies shall be suitably stored separately from unsterile material.

3-948. Food service--Diet

(a) All food and drink shall be clean, wholesome, free from spoilage and so prepared as to be safe for human consumption.

(b) Meals for patients shall be of adequate quantity and quality, well-balanced and sufficiently varied.

(c) Food shall be served attractively and every effort shall be made to conserve heat in foods usually served hot and to serve cold those foods normally served cold.

(d) Provision shall be made for the preparation of special diets when prescribed.

(e) Tray service shall be provided as needed.

3-949 --Ice

All ice used in contact with food or drink shall be pure, obtained from a satisfactory source and handled and dispensed in a sanitary manner.

3-950. --Milk

(a) The use of raw milk in hospitals is prohibited. Pasteurized milk shall be used and must be obtained from a dealer licensed by the Vermont department of agriculture, unless produced on the premises. Milk may not be kept on hand more than 48 hours before serving.

(b) It is recommended that milk be served to patients and personnel in the original bottle or like container in which the milk was delivered to the hospital, or from bulk milk dispensers meeting the requirements of 18 V.S.A. Sections 4391, 4392.

(a) All readily perishable food and drink, including meat, fish, cream-filled and custard-filled pastry, milk and milk products, egg products, shellfish, gravy, poultry stuffing and sauces, dressings and salads containing meat, fish, eggs, milk or milk products, shall be kept at or below 50 degrees F. except when being prepared or served. Refrigerators or ice box drains must discharge into an open pan or into an open hopper or sink which is properly trapped and connected to a sewer, thus providing an air gap in the drain to prevent sewage back-flow into a refrigerator. Coolers and refrigerators must be large enough to avoid crowding of food and must always be kept clean.

(b) All refrigerators shall be provided with thermometers.

(c) All food and drink shall be served in a clean and sanitary manner, and shall be stored so as to be protected from dust, flies, rodents, vermin, unnecessary handling, droplet infection, overhead leakage, or other source of contamination.

(d) No animals or fowls may be kept or allowed in any room where food is prepared or stored. Rodents must be controlled and eliminated by ratproofing and by using available means of extermination. Roaches, flies, and other insects must be eliminated. Poisonous compounds used in the extermination of rodents and insects must be colored and labeled so as to be easily identified and must be carefully used, and stored away from food, to avoid the poisoning or contamination of food or utensils.

(e) Drugs, poisons, stimulants and medicines should not be kept in the same facilities used for the storage of food, unless stored in a separate covered container of impervious material located on the lowest shelf.

3-952 --Preparation and service of food

(a) The equipment shall be adequate and so arranged as to enable the storage, preparation, cooking and serving of food and drink to patients, staff and employees to be done in an efficient and sanitary manner. Such equipment shall be kept clean and in good repair.

(b) The walls and ceilings of all rooms in which food is stored, prepared or served, and in which utensils and equipment are washed, shall be smooth and in good repair, shall be painted with light colored washable paint and shall be kept clean.

(c) The floors of all rooms in which food is stored, prepared or served, and in which utensils or equipment are washed or stored, shall be of such smooth material as to easily cleaned and shall be kept clean and in good repair.

(d) The top surface of tables, benches, or counters on which food is prepared or served, and of drain boards for dishes, shall be smooth tight-jointed material and shall be kept clean.

(e) Cracked or badly chipped dishes shall not be used. All multi-service dishes, glasses, cutlery, or eating and drinking utensils must be thoroughly cleaned after each usage, and all cooking, preparing or



serving utensils must be thoroughly cleaned after each day's operation. When not in use, dishes and utensils shall be stored in a clean, dry place, above the floor, protected from dust, insects and other contamination. Containers and utensils should not be handled by the surfaces which come in contact with food and drink.

(f) Single service articles such as paper cups, plates, straws, etc., shall be used only once. They shall be purchased in sanitary packages or containers, stored in a clean, dry place and handled in a sanitary manner.

(g) All personnel must keep themselves and their clothing clean, and no person shall handle any vessel, utensil, food or drink after having visited a toilet without thoroughly washing his hands with soap and clean water.

(h) The use of tobacco in any form is prohibited for personnel when engaged in the preparation or serving of food and drink.

### 3-953. --Cleansing and disinfection of dishes

(a) All dishes, glasses, cutlery, and cooking utensils shall be thoroughly washed with hot water and soap or detergent and shall be effectively treated by one of the following or equivalent processes: for manual dishwashing, immersion for at least two minutes in water at 170 degrees F., or for two minutes in a chlorine solution, containing not less than 50 ppm, or equivalent bactericide. For manual dishwashing, the three section sink is recommended. Wire baskets should be provided to handle the dishes and utensils in 170 degree water. Dishwashing machines should be properly operated as directed by the manufacturer with wash water containing detergent at 130 to 140 degrees F., and clean rinse water at 170 degrees or higher. Rinsing by pouring hot water over dishes will not be considered acceptable. Mental institutions may use a 10 minute rinse in hot water at 150 degrees F. in place of the chlorine solution or two minute rinse at 170 degrees F.

(b) Effectiveness of dishwashing and sterilizing may be determined by the licensing agency through the laboratory analysis of sample swabs.

(c) Drying cloths, if used, must be clean and used for no other purpose.

### 3-954. --Garbage disposal

(a) All garbage shall be collected, stored and disposed of in a manner approved by the department of health and in no case shall be handled in a manner so as to permit the transmission of a contagious disease, create a nuisance or provide a breeding place for flies.

(b) All garbage must be kept in watertight metal receptacles with tight-fitting covers. Garbage receptacles shall be washed when emptied, and treated with disinfectant if necessary to prevent nuisance.

(c) Trash and other waste material must be kept in covered containers.

(d) All garbage, trash and other waste materials must be removed from the premises frequently enough to prevent nuisance.

3-955. Sanitation--Water supply

(a) The water supply shall be of safe, sanitary quality, suitable for human use, and shall be obtained from a water supply system, the location, construction and operation of which shall comply with standards approved by the department of Health. Private water supplies shall be tested at least every six months.

(b) There shall be facilities for furnishing both hot and cold water in sufficient amounts wherever needed for sanitary and professional requirements.

3-956. --Sewage disposal

(a) All sewage and liquid wastes shall be discharged into a municipal sewerage system where such a system is available; otherwise, the sewage shall be collected, treated and disposed of in an independent sewerage system which conforms to the minimum standards of the department of health.

(b) Incineration facilities or other approved methods for the disposal of infected dressings, surgical and obstetrical wastes and similar material shall be provided.

3-957. --Plumbing

(a) The plumbing and drainage or other arrangements for the disposal of excreta and infectious discharges and institutional wastes shall be in accordance with the plumbing standards approved by the department of health, so constructed, installed and maintained as to prevent cross-connections or other sanitary hazards.

(b) Adequate toilet, handwashing and bathing facilities shall be provided in a reasonable ratio according to the number of patients and personnel in the hospital.

3-958 --Ventilation

Ventilation shall be adequate throughout the entire institution and wherever necessary mechanical means shall be provided to remove excessive heat, moisture, objectionable odors, dust, explosive and toxic gases.

3-959 --Screens

The doors, windows and other openings into the outer air shall be screened against flies and other insects during season. Fans of sufficient power to prevent the entrance of flies may be considered effective protection.

3-960. Mechanical services--Heating

Heating facilities shall consist of a central heating plant complying with standards adopted by the state fire marshal, and be adequate

13140019

010

to furnish and maintain in each room and occupied space when in use a minimum temperature of 70 degrees F. in any weather, except in operating rooms, delivery rooms and nurseries, where a minimum of 75 degrees F. shall be maintained.

3-961. --Lighting

(a) All entrances, hallways, stairways, inclines, ramps, cellars, attics, storerooms, kitchens, laundries, and service units must have sufficient artificial lighting to prevent accidents and to promote efficiency of service.

(b) A system of emergency lighting shall be provided for operating rooms, delivery rooms, hallways, stairways, ramps, and exits in the following manner according to the bed capacity of the hospital as determined under section 3-942.

(1) Under 25 beds: Corridors in patient areas, stairways, ramps and exits shall be provided with battery operated lights designed and installed so as to automatically go into operation upon failure of the normal electric power system. Operating, delivery, and emergency operating rooms shall be provided with battery operated operating lights.

(2) 25 Beds and over: An emergency generator with automatic transfer switch (except as noted below) shall be installed to provide light and power for corridors in patient areas, stairways, ramps, exits, operating rooms, delivery room and emergency room lights, for electrically operated heating and hot water systems, outlets for refrigerators, incubators and iron lungs, plus such other additional services as the individual hospitals may wish to supply.

EXCEPTION: Electric power for boilers, pumps and other heavy equipment connected to the standby generator may be switched manually. (April 1966).

NOTE: In addition to the stand-by generator for hospitals of 25 beds and over, it is recommended that battery operated emergency lights described in (1) above be installed to illuminate corridors in patient areas, stairways, ramps, and exits. This is for added protection in case of fire since it is the general practice of fire departments to cut off all sources of electric power immediately upon their arrival at the scene of a fire.

(c) Flashlights shall be available at strategic points and ready for use at all times.

(d) Open flame lighting shall not be used.

3-962. --Laundry

(a) Provision shall be made for the proper cleaning of linen and other washable goods, either on the premises or at a commercial laundry.

13140019

011

(b) Laundry equipment, if provided on the premises, shall be designed, installed and operated to comply with all applicable local and state codes and regulations.

(c) The method of collecting, handling and disinfecting contaminated linens shall be such as to minimize the danger of spreading contamination to patients and personnel.

3-963. Surgical and adjunct services -- Surgical facilities

(a) An operating suite shall consist of a special unit physically set apart from all other units and so located as to prevent traffic through it to any other part of the hospital.

(b) Each hospital shall have at least one major operating room adequately equipped for general operative use, plus such other major, minor and emergency operating rooms as are in accord with the size and scope of services provided by the hospital. In general, one major operating room for each 50 beds is considered necessary. Above 200 beds the number of major operating rooms will be based on the expected average of daily operations. One operating suite will be considered sufficient for a mental hospital.

(c) There shall be facilities for sterilizing, scrubbing, and clean-up. Such facilities should not be located within a major operating room. There should be adequate storage space for sterile supplies, instruments and medications.

(d) An adequate and safe system of emergency lighting shall be provided.

3-964. --Diagnostic and treatment facilities

(a) Laboratory: Consistent with the scope and nature of services provided by the hospital, there shall be available on the premises or by affiliation, laboratory service sufficient to insure safe and complete care of all patients.

(b) Morgue: Autopsy facilities shall be provided either on the premises or outside the hospital. A well ventilated morgue with refrigerator compartments shall be provided if unembalmed bodies are to be held for an extended period.

(c) Radiology:

(1) Each hospital shall provide on the premises a minimum of one radiograph unit consisting of transformer, tube stand, fluoroscopic equipment, viewing box and dark room. An adjoining toilet and office should be included in this unit. Hospitals over 150 beds, excepting mental hospitals, should have at least one additional radiograph unit.

(2) Arrangements shall be made by affiliation for needed radiological services beyond the scope of those provided at the hospital.

(3) X-ray equipment shall be properly installed and protection provided in accordance with "National Bureau of Standards Handbook-50, X-ray Protection Design", latest published edition.

(4) Radium protection shall be provided according to "National Bureau of Standards H 23, Radium Protection," latest published edition.

(5) Protection shall be provided when using radio-isotopes according to "National Bureau of Standards, H 42, Safe Handling of Radioactive Isotopes", latest published edition.

(6) Storage facilities and handling of X-ray films shall be in accordance with the requirements of the National Board of Fire Underwriters and the state fire marshal.

(7) The hospital shall establish procedures necessary for the safe and proper use of X-ray equipment.

(8) Protection in the form of lead impregnated aprons, gloves, goggles and shields shall be provided for and used by persons operating X-ray equipment.

(d) Pharmacy:

(1) Adequate space and proper facilities including refrigeration shall be available for dispensing and storing pharmaceuticals; also, for compounding of same if such is the policy of the hospital.

(2) All medicines, poisons, stimulants and other drugs or biologicals shall be accurately and distinctly labeled and stored in specially designated and well-illuminated medicine cabinets, closets, refrigerators or store rooms. Such medicines, etc., shall be accessible only to responsible persons designated by the administrator, director or superintendent.

(3) All biologicals, drugs and prescriptions requiring refrigeration shall be properly refrigerated. Refrigerators used for storage of food may be used for this purpose only if such biologicals, etc., are stored in a separate container of impervious material located on the lowest shelf.

ARTICLE 4. FACILITIES FOR MATERNITY PATIENTS  
AND NEWBORN\*

3-981. General

The obstetrical suite consisting of labor and delivery rooms, newborn nurseries, maternity patient areas and auxiliary storage and utility facilities, shall be separated as completely as possible from the rest of the hospital.

\* Applicable only to hospitals providing such service.

13140019

010

3-982. Patient's accommodations

(a) Section 3-9-3 shall also apply to areas occupied by maternity patients.

(b) Running water shall be conveniently available to every room in which maternity patients are cared for.

(c) Provision shall be made for isolation of maternity patients when necessary.

3-983. Labor room

(a) There must be satisfactory provision for the care of the patient in labor, either in the patient's room or in a designated special labor room.

(b) There must be facilities for examination and preparation of patients as required by the attending physician.

(c) Labor rooms are needed in the approximate ratio of one for every 10 maternity patients. It is desirable that one or more of these labor rooms be equipped for emergency delivery.

3-984. Delivery room

(a) There shall be at least one properly equipped delivery room and such additional delivery rooms as may be required. One delivery room for each 20 maternity beds or fewer is considered necessary.

(b) There shall be facilities for sterilization, scrubbing and clean-up, preferably outside the delivery room.

(c) An adequate and safe system of emergency lighting shall be provided.

3-985. Clinical facilities

The following shall be available for use at all times:

(1) General anesthesia.

(2) Sterile sets for intravenous administration of fluids and blood transfusions:

(3) Serum for blood matching for transfusions.

(4) Oxygen administration and resuscitations.

3-986. Newborn nurseries

(a) A separate nursery or nurseries shall be provided for newborn infants delivered in the hospital and should be a part of or adjacent to the maternity unit.

(b) Each infant shall have a separate bassinet.

(c) Individual bassinets shall either be separated by at least 12 inches on all sides or be separated by full length partitions.

(d) There shall be provided for premature infants at least one heated bassinet for each 20 bassinets for full term infants. One heated bassinet should be provided for each 20 normal bassinets or fraction of that number.

(e) Suitable provision shall be made for the isolation of infants born outside the hospital or suspected of having or having been exposed to infection.

(f) Minimum space requirements:

Normal nursery	24 sq. ft. per bassinet
Premature nursery	30 sq. ft. per bassinet
Suspect nursery	40 sq. ft. per bassinet

(g) Running water shall be provided in each nursery.

#### 3-987. Facilities for preparation of milk mixtures

There shall be space and equipment for preparation of milk mixtures (formulas) using aseptic technique for their sterilization and refrigeration, except that equipment for formula sterilization and refrigeration are not required in hospitals making exclusive use of prepackaged, presterilized formula and transfer techniques which will insure delivery of sterile formula to the infant. (September 1963)

#### 3-988. Nursing personnel

(a) The care of maternity patients and newborn shall be under the direction of a registered nurse.

(b) At least one registered nurse shall be on duty at all times to supervise the care of maternity patients and newborn.

#### 3-989. Records

(a) Clinical records shall be kept for both mother and infant.

(b) An acceptable method shall be used for identification of each infant immediately after delivery.

### ARTICLE 5. FIRE SAFETY PROVISIONS GOVERNING EXISTING HOSPITALS

#### 3-1001. Definitions

(i) "Occupied" shall mean used for living, sleeping or working quarters for patients or personnel.

(2) "Automatic sprinkler protection" shall mean a sprinkler system protecting the entire building (including attics and all concealed inaccessible spaces) supplied by a reliable and adequate water supply as governed by rules of the National Board of Fire Underwriters.

(3) "Hazardous areas" shall mean heating apparatus and boiler rooms, basements or attics used for the storage of combustible material, work-rooms such as carpenter shops, paint shops and upholstery shops, central storerooms used for furniture, mattresses and miscellaneous storage, and similar occupancies intended to contain combustible materials which will either be easily ignited, burn with an intense flame or result in the production of dense smoke and fumes.

### 3-1002. Compliance requirement

Compliance with provisions of sections 3-1003 and 3-1004, approved by the division of fire prevention, department of public safety, is required by the licensing agency.

### 3-1003. Hospitals with a bed capacity of 25 or more

(a) Automatic sprinkler protection shall be provided for hospitals or portions thereof not of fire-resistive construction (wood frame or masonry and wood frame construction).

(b) Compliance with the following standards will be required with respect to constructing and equipping anesthetizing locations in hospitals:

The term "anesthetizing locations" shall mean any area in a hospital in which it is intended to administer to a patient any combustible anesthetic or disinfecting agent in the course of examination or treatment and shall include operating rooms, delivery rooms, anesthetizing rooms, rooms used primarily for the pre-operation preparation of patients, and corridors serving anesthetizing locations.

Construction, equipment and procedures for reducing hazards involved in the use of combustible anesthetic agents shall comply with "Recommended Safety Practices For Operating Rooms" as adopted by the National Fire Protection Association and the National Board of Fire Underwriters, parts 2 and 3. (These recommendations relate to installation of conductive flooring, ventilation, humidification, explosion-proof electrical wiring and equipment.)

(c) Every shaft for light or ventilation, stairways, elevators, dumbwaiter, chutes, etc., shall be continuously housed in enclosure walls and all openings thereto shall be protected by approved fire doors. Where glass is necessary, wired glass in fixed or automatic closing fire doors or windows shall be employed. All fire doors shall be self-closing, except those on elevators operated by a regular attendant, or shaft enclosures and as noted below.

(d) By special permission of the department of public safety, doors on stair enclosures may be kept normally open, if provided



with fusible link holes or equivalent devices, and also provided with friction devices of a type that may be readily disengaged, so arranged that the doors will be released by heat, or may be readily released manually. Where doors are kept normally open in accordance with such permission, adequate provision shall be made through the alarm system or through fire drills to assure their prompt closing in case of fire.

(e) Dumbwaiters and laundry chutes shall be of or lined with fire-resistant material and provided with self-closing doors.

(f) Not less than two exits shall be provided for every occupied floor (including basement) of every hospital or section thereof, such exits to be of types approved by the state fire marshal. Elevators are not to be considered a required means of exit in institutional buildings.

(g) Doors providing access to hazardous areas shall be Underwriters' approved fire doors and be self-closing or held normally open by a fusible link device.

(h) Plaster on metal lath, asbestos, or other fire-resistant material shall be provided on combustible ceilings over the fire-box openings of heating equipment.

(i) An automatic fusible link shut-off device shall be installed at the oil burner supply line between the storage tank and the oil burning heating equipment.

(j) Heat from buildings shall be from a central heating plant. The use of portable heaters is prohibited. All lighting shall be by electricity.

(k) Attics and basements must be kept free of all unnecessary combustible materials.

(l) All rooms in which combustible anesthetic agents, gases supporting combustion, and alcohol are stored shall be located on an outside wall and individually ventilated to the outside air.

(m) Wherever located, full and empty tanks used for storage of gases under pressure shall be securely supported in an upright position by means of frames, stands, straps, rope or other effective fastener.

(n) Electric wiring shall be installed and maintained in a safe condition and the electrical system shall be of a sufficient size and capacity to carry the necessary load and shall be provided with overload protection (fuses and/or breakers) of the proper capacity.

(o) Exit doors and passageways shall have signs visible from the exit approach indicating the way of egress. Painted or printed signs shall have plainly legible letters not less than six inches high; internally illuminated signs shall have letters not less than four and a half inches high.

(p) Every hospital shall formulate a plan for the protection of all persons in the event of fire and for their evacuation to areas of refuge and from the building when necessary. All employees shall be instructed and kept informed respecting their duties under the plan. This emergency plan should be planned with the assistance of the fire prevention division of the department of public safety and the local fire department.

3-1004. Hospitals with a bed capacity of 24 or less

Hospitals with a bed capacity of 24 or less shall comply with all of section 3-1003 requirements except that the provisions of Section 3-1003(b) relating to conductive flooring and equipment in anesthetizing locations are recommended but not required. Installation of such sprinkler systems shall be accomplished within a reasonable period of time as determined by the Commissioner.

ARTICLE 6. GENERAL STANDARDS FOR HOSPITAL CONSTRUCTION

3-1021. Generally

All hospitals and other health facilities receiving federal aid under Public Law 725 in their construction and equipment costs shall be constructed in accordance with the provisions of U.S. Public Health Service Appendix A, General Standards of Construction and Equipment.

3-1022. Hospitals whose bed capacity will be 25 beds or more upon completion of the proposed project

(a) Fire protection. Construction of new hospitals or additions to existing hospitals financed by other than federal aid under Public Law 725 shall be in accordance with the following standards according to the normal bed capacity of the hospital:

(1) Fire-resistive construction is recommended for all buildings and shall be used throughout for all buildings two stories or more in height.

(2) Masonry wall and wood joists or wood rafter construction shall not exceed one story in height; if floor areas exceed 5,000 sq. ft., they shall be divided by fire walls, or by fire partitions with at least two hours fire resistance rating so that the largest subdivision shall not exceed 5,000 sq. ft. The height of any windowsill in patient rooms shall not exceed 72 inches above the grade immediately below it.

(3) Wood frame buildings shall not exceed one story in height; if floor areas exceed 5,000 sq. ft. they shall be divided by fire walls, or by fire partitions with at least two hours fire resistance rating, so that the largest subdivision shall not exceed 5,000 sq. ft. The height of any windowsill in patient rooms shall not exceed 72 inches above the grade immediately below it.

(4) Wood stud walls, ceilings and partitions in buildings of combustible construction shall have at least one hour fire resistance rating.

(5) In buildings of fire-resistive construction, hazardous areas listed in (8) shall be separated from other occupancies by a standard fire cut-off. (The degree of fire resistance of ceilings, partitions and doors required for cut-offs should be commensurate with the hazard involved.) For example, kitchens provided with automatic extinguishing systems to control grease fires do not require cut-offs as do paint shops, which contain concentrations of volatile materials in small areas.

(6) In buildings of non-fire-resistive construction, with floor area exceeding 3,000 sq. ft., hazardous areas shall be separated from the remainder of the building by a standard cut-off, or protected by an approved automatic sprinkler system.

(7) In buildings of non-fire-resistive construction of less than 3,000 sq. ft. of floor area, the rooms or portions of the building listed as hazardous shall be isolated so far as may be feasible from the patient areas and, with the exception of heating apparatus and fuel storage, shall not be located in the basement.

(8) Hazardous Areas: Heating apparatus and boiler rooms, basements or attics used for the storage of combustible material, work-rooms such as carpenter shops, paint shops, and upholstery shops, central storerooms used for furniture, mattress and miscellaneous storage, and similar occupancies intended to contain combustible materials which will either ignite, burn with an intense flame or result in the production of dense smoke or fumes.

(9) Every shaft for light or ventilation, stairways, elevators, dumbwaiters, chutes, etc., shall be continuously housed in enclosure walls and all openings thereto shall be protected by approved fire doors. Where glass is necessary, wired glass in fixed or automatic closing fire windows shall be used, except that plain glass may be used in skylights under circumstances approved by the state fire marshal.

(b) Construction codes and standards. All construction shall be in accordance with the applicable local and state building codes and regulations. In the absence of such building codes, the recommendations of the following nationally recognized technical and engineering authorities shall be adopted as minimum standards.

(1) American Concrete Institute.

(A) For good engineering practice in the design, erection, allowable working stresses, and for the mixing and placing of concrete on structures built of reinforced concrete.

(B) For standard specifications for cast stone.

(2) American Standard Association.

(A) For standard practice in masonry construction.

(3) For the design and erection of structural steel for buildings (the American Institute of Steel Construction Code).

(C) For good practice in gypsum plastering, including requirements for lathing and furring.

(D) For good practice in the design and erection of reinforced gypsum concrete.

(E) For safe practice in the design and construction of elevators and dumbwaiters.

(3) American Society of Testing Materials.

(A) For the specifications on, and the methods of testing for, metals and the materials of masonry construction.

(B) For the methods of standard fire tests of building construction and for the methods of fire tests of door assemblies.

(4) National Lumber Manufacturers' Association.

(A) For good practice in the use of wood in types of construction of which it is a part, and for the working stresses of stress-grade lumber and its fastenings.

(5) National Board of Fire Underwriters.

(A) For estimated and tested fire resistance ratings of materials and construction.

(B) For safe practice in the design and construction of chimneys and metal smokestacks.

(6) National Bureau of Standards.

(A) Publication BMS 92 and other data for tested fire-resistive ratings of materials and constructions.

(7) National Electric Code.

(8) Design Data.

(A) General. The buildings and all parts thereof shall be of sufficient strength to support all dead, live and lateral loads without exceeding the working stresses permitted for the materials of their construction in generally accepted good engineering practice.

(B) Special.

(i) Special provisions shall be made for machines or apparatus loads which would cause a greater load than the specified minimum live load.

(ii) Consideration shall be given to structural members and connections of structures which may be subject to hurricanes or tornadoes.

(iii) Floor areas where partition locations are subject to change shall be designed to support, in addition to all other loads, a uniformly distributed load of 25 p.s.f.

(C) Live loads. The following unit live loads shall be taken as the minimum distributed live loads for the occupancies listed:

(i) Hospital wards, bedrooms and all adjoining service rooms which comprise a typical nursing unit (except solariums and corridors), 40 p.s.f.

(ii) Solariums, corridors in nursing units and all corridors above first floor, operating suites, examination and treatment rooms, laboratories, toilet and locker rooms, 60 p.s.f.

(iii) Offices, conference rooms, library, kitchen, radiographic room, corridors, and other public areas on first floor, 80 p.s.f.

(iv) Stairways, laundry, large rooms used for dining, recreation or assembly purposes, workshops, 100 p.s.f.

(v) Records file room, storage, supply, 125 p.s.f.

(vi) Mechanical equipment room, 150 p.s.f.

(vii) Roofs (except use increased value where snow and ice may occur), 40 p.s.f.

(viii) Wind, as required by local conditions, but not less than 30 p.s.f.

(ix) Earthquake--for structures located within an area subject to earthquake shocks, refer to "Uniform Building Code" of the Pacific Coast Building Officials Conference.

(D) Reduction of live loads.

(i) No reductions shall be applied to the roof live load.

(ii) For live loads of 100 pounds or less per square foot, the design live load on any member supporting 150 square feet or more may be reduced at the rate of 0.08 percent per square foot of area supported by the member, except that no reduction shall be made for areas to be occupied as places of public assembly. The reduction shall exceed neither R as determined by the following formula nor 60 percent:

$$R = 100 \times \frac{D + L}{4.33L}$$

in which R = reduction in percent.

D = dead load per square foot of area supported by the member.

L = design live load per square foot of area supported by the member.

(iii) For live loads exceeding 100 p.s.f., no reduction shall be made, except that the design live loads on columns may be reduced 20 percent.

(iv) Supplementary information regarding design live loads shall be in accordance with "American Standard Building Code Requirements for Minimum Design Loads in Buildings and Other Structures -- Miscellaneous Publication M 179" of the National Bureau of Standards.

(c) Miscellaneous.

(1) Door widths: 3 feet 8 inches (3 feet 10 inches preferable) at all bedrooms, treatment rooms, operating rooms, X-ray therapy rooms, delivery rooms, solariums, X-ray rooms, physical therapy rooms, labor rooms.

(2) Doors: No doors shall swing into the corridor except closet doors. Exit doors shall swing in the direction of exit travel.

(3) Corridor widths: 7 feet (8 feet preferred). A greater width should be provided at elevator entrances.

(4) Stair widths: The width of stairways shall be not less than 3 feet 8 inches. The width shall be measured between the handrails where handrails project more than  $3\frac{1}{2}$  inches.

(5) Elevators: Platform size -- 5 feet 4 inches x 8 feet. Door opening -- 3 feet 10 inches.

(6) Laundry chutes: Laundry chutes when used shall be at least two feet in diameter constructed of metal and provided with self-closing doors.

(7) Nurses' call system: At least one call station between each two beds in two-bed rooms and four-bed rooms and one in each one-bed room. Corridor dome light over each nursing room. Dome light and buzzer at nurses' station, utility room and floor pantry.

(8) Fire protection: Exits, exit lights, fire towers, construction, etc., shall conform to local and state codes including standards adopted by the Vermont state department of public safety.

(9) Ceiling heights: With the following exceptions shall not be less than 8 feet clear. Ceiling heights for corridors, storage closets and other minor utility rooms may be lower. Ceiling height for laundry shall not be less than 11 feet clear. Ceiling height for kitchen shall be not less than 10 feet clear. (Higher ceiling height for kitchen and laundry desirable.)

(10) Floors:

(A) The floors of the following areas shall have smooth, waterproof surfaces which are wear resistant: Toilets, baths, bedpan rooms, floor pantries, utility rooms, treatment rooms, sterilizing rooms, janitors' closets.

(B) The floors of the following areas shall be smooth and easily cleaned: Pharmacies, laboratories, patient rooms.

(C) The floors of the following areas shall be waterproof, greaseproof, smooth and resistant to heavy wear: Kitchens, butcher shops, food preparation and formula rooms.

(D) The floors of the following areas shall have conductive flooring as approved by the National Fire Protection Association: Operating rooms, delivery rooms, anesthesia rooms, adjoining areas such as corridors.

(11) Walls:

(A) The walls of the following areas shall have smooth surface with painted or equal washable finish in light color. At the base they shall be waterproof and free from spaces which may harbor ants and roaches: All rooms where food and drink are prepared, served or stored.

(B) The walls of the following areas shall have waterproof painted, glazed or similar finishes to a point above the splash or spray line: Kitchens, sculleries, utility rooms, baths, showers, dishwashing rooms, janitors' closets, sterilizing rooms, spaces with sinks.

(C) The walls of the following areas shall have waterproof, glazed painted or similar surface which will withstand washing to a distance of not less than five feet: Operating rooms, delivery rooms.

(12) Ceilings: The ceilings of the following areas shall be painted with waterproof paint: Operating rooms, delivery rooms, all sculleries, kitchens and other rooms where food and drink are prepared.

The ceilings of the following areas shall be acoustically treated: Corridors in patient areas, nurses' stations, labor rooms, utility rooms (desirable but not mandatory), floor pantries, kitchens (desirable but not mandatory).

(13) Windows: The aggregate glass area of windows in patients' rooms shall be at least 1/10 of the floor area served by them. It is recommended that the window area be at least 1/8 of such floor space.

3-1023. Construction of hospitals under 25 bed capacity and remodeling in existing hospitals

Construction of hospitals under 25 bed capacity and remodelling in existing hospitals shall conform to the foregoing standards as closely

as structural conditions permit. Due consideration will be given to specialized or unusual requirements of a particular hospital and variations from these standards permitted as long as the result does not compromise the best standards of medical or nursing practice or safety of patients and personnel.

69\*\*

Effective: 6/19/69

13140019

024